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HOUSE BILL NO. 1359

Offered January 24, 2022

A BILL to amend and reenact §§ 32.1-127.1:03 and 54.1-2969 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2404.1, relating to health care; consent to services and disclosure of records.

Patron—Byron

Unanimous consent to introduce

Committee Referral Pending

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-127.1:03 and 54.1-2969 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2404.1 as follows:

§ 32.1-127.1:03. Health records privacy.

A. There is hereby recognized an individual's right of privacy in the content of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.

Pursuant to this subsection:

1. Health care entities shall disclose health records to the individual who is the subject of the health record, except as provided in subsections E and F and subsection B of § 8.01-413.

2. Health records shall not be removed from the premises where they are maintained without the approval of the health care entity that maintains such health records, except in accordance with a court order or subpoena consistent with subsection C of § 8.01-413 or with this section or in accordance with the regulations relating to change of ownership of health records promulgated by a health regulatory board established in Title 54.1.

3. No person to whom health records are disclosed shall redisclose or otherwise reveal the health records of an individual, beyond the purpose for which such disclosure was made, without first obtaining the individual's specific authorization to such redisclosure. This redisclosure prohibition shall not, however, prevent (i) any health care entity that receives health records from another health care entity from making subsequent disclosures as permitted under this section and the federal Department of Health and Human Services regulations relating to privacy of the electronic transmission of data and protected health information promulgated by the United States Department of Health and Human Services as required by the Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d et seq.) or (ii) any health care entity from furnishing health records and aggregate or other data, from which individually identifying prescription information has been removed, encoded or encrypted, to qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health services research.

4. Health care entities shall, upon the request of the individual who is the subject of the health record, disclose health records to other health care entities, in any available format of the requester's choosing, as provided in subsection E.

B. As used in this section:

"Agent" means a person who has been appointed as an individual's agent under a power of attorney for health care or an advance directive under the Health Care Decisions Act (§ 54.1-2981 et seq.).

"Certification" means a written representation that is delivered by hand, by first-class mail, by overnight delivery service, or by facsimile if the sender obtains a facsimile-machine-generated confirmation reflecting that all facsimile pages were successfully transmitted.

"Guardian" means a court-appointed guardian of the person.

"Health care clearinghouse" means, consistent with the definition set out in 45 C.F.R. § 160.103, a public or private entity, such as a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that performs either of the following functions: (i) processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or (ii) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

INTRODUCED

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59 "Health care entity" means any health care provider, health plan or health care clearinghouse.

60 "Health care provider" means those entities listed in the definition of "health care provider" in
61 § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the
62 purposes of this section. Health care provider shall also include all persons who are licensed, certified,
63 registered or permitted or who hold a multistate licensure privilege issued by any of the health
64 regulatory boards within the Department of Health Professions, except persons regulated by the Board of
65 Funeral Directors and Embalmers or the Board of Veterinary Medicine.

66 "Health plan" means an individual or group plan that provides, or pays the cost of, medical care.

67 "Health plan" includes any entity included in such definition as set out in 45 C.F.R. § 160.103.

68 "Health record" means any written, printed or electronically recorded material maintained by a health
69 care entity in the course of providing health services to an individual concerning the individual and the
70 services provided. "Health record" also includes the substance of any communication made by an
71 individual to a health care entity in confidence during or in connection with the provision of health
72 services or information otherwise acquired by the health care entity about an individual in confidence
73 and in connection with the provision of health services to the individual.

74 "Health services" means, but shall not be limited to, examination, diagnosis, evaluation, treatment,
75 pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind, as well as
76 payment or reimbursement for any such services.

77 "Individual" means a patient who is receiving or has received health services from a health care
78 entity.

79 "Individually identifying prescription information" means all prescriptions, drug orders or any other
80 prescription information that specifically identifies an individual.

81 "Parent" means a biological, adoptive or foster parent.

82 "Psychotherapy notes" means comments, recorded in any medium by a health care provider who is a
83 mental health professional, documenting or analyzing the contents of conversation during a private
84 counseling session with an individual or a group, joint, or family counseling session that are separated
85 from the rest of the individual's health record. "Psychotherapy notes" does not include annotations
86 relating to medication and prescription monitoring, counseling session start and stop times, treatment
87 modalities and frequencies, clinical test results, or any summary of any symptoms, diagnosis, prognosis,
88 functional status, treatment plan, or the individual's progress to date.

89 C. The provisions of this section shall not apply to any of the following:

90 1. The status of and release of information governed by §§ 65.2-604 and 65.2-607 of the Virginia
91 Workers' Compensation Act;

92 2. Except where specifically provided herein, the health records of minors;

93 3. The release of juvenile health records to a secure facility or a shelter care facility pursuant to
94 § 16.1-248.3; or

95 4. The release of health records to a state correctional facility pursuant to § 53.1-40.10 or a local or
96 regional correctional facility pursuant to § 53.1-133.03.

97 D. Health care entities may, and, when required by other provisions of state law, shall, disclose
98 health records:

99 1. As set forth in subsection E, pursuant to the written authorization of (i) the individual or (ii) in the
100 case of a minor, (a) his custodial parent, guardian or other person authorized to consent to treatment of
101 minors pursuant to § 54.1-2969 or (b) the minor himself, if he has consented to his own treatment
102 pursuant to § 54.1-2969, or (iii) in emergency cases or situations where it is impractical to obtain an
103 individual's written authorization, pursuant to the individual's oral authorization for a health care
104 provider or health plan to discuss the individual's health records with a third party specified by the
105 individual;

106 2. In compliance with a subpoena issued in accord with subsection H, pursuant to a search warrant
107 or a grand jury subpoena, pursuant to court order upon good cause shown or in compliance with a
108 subpoena issued pursuant to subsection C of § 8.01-413. Regardless of the manner by which health
109 records relating to an individual are compelled to be disclosed pursuant to this subdivision, nothing in
110 this subdivision shall be construed to prohibit any staff or employee of a health care entity from
111 providing information about such individual to a law-enforcement officer in connection with such
112 subpoena, search warrant, or court order;

113 3. In accord with subsection F of § 8.01-399 including, but not limited to, situations where disclosure
114 is reasonably necessary to establish or collect a fee or to defend a health care entity or the health care
115 entity's employees or staff against any accusation of wrongful conduct; also as required in the course of
116 an investigation, audit, review or proceedings regarding a health care entity's conduct by a duly
117 authorized law-enforcement, licensure, accreditation, or professional review entity;

118 4. In testimony in accordance with §§ 8.01-399 and 8.01-400.2;

119 5. In compliance with the provisions of § 8.01-413;

120 6. As required or authorized by law relating to public health activities, health oversight activities,

serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease, public safety, and suspected child or adult abuse reporting requirements, including, but not limited to, those contained in §§ 16.1-248.3, 32.1-36, 32.1-36.1, 32.1-40, 32.1-41, 32.1-127.1:04, 32.1-276.5, 32.1-283, 32.1-283.1, 32.1-320, 37.2-710, 37.2-839, 53.1-40.10, 53.1-133.03, 54.1-2400.6, 54.1-2400.7, 54.1-2400.9, 54.1-2403.3, 54.1-2506, 54.1-2966, 54.1-2967, 54.1-2968, 54.1-3408.2, 63.2-1509, and 63.2-1606;

7. Where necessary in connection with the care of the individual;

8. In connection with the health care entity's own health care operations or the health care operations of another health care entity, as specified in 45 C.F.R. § 164.501, or in the normal course of business in accordance with accepted standards of practice within the health services setting; however, the maintenance, storage, and disclosure of the mass of prescription dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be accomplished in compliance with §§ 54.1-3410, 54.1-3411, and 54.1-3412;

9. When the individual has waived his right to the privacy of the health records;

10. When examination and evaluation of an individual are undertaken pursuant to judicial or administrative law order, but only to the extent as required by such order;

11. To the guardian ad litem and any attorney representing the respondent in the course of a guardianship proceeding of an adult patient who is the respondent in a proceeding under Chapter 20 (§ 64.2-2000 et seq.) of Title 64.2;

12. To the guardian ad litem and any attorney appointed by the court to represent an individual who is or has been a patient who is the subject of a commitment proceeding under § 19.2-169.6, Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, or a judicial authorization for treatment proceeding pursuant to Chapter 11 (§ 37.2-1100 et seq.) of Title 37.2;

13. To a magistrate, the court, the evaluator or examiner required under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or § 37.2-815, a community services board or behavioral health authority or a designee of a community services board or behavioral health authority, or a law-enforcement officer participating in any proceeding under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, § 19.2-169.6, or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 regarding the subject of the proceeding, and to any health care provider evaluating or providing services to the person who is the subject of the proceeding or monitoring the person's adherence to a treatment plan ordered under those provisions. Health records disclosed to a law-enforcement officer shall be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any other purpose, disclosed to others, or retained;

14. To the attorney and/or guardian ad litem of a minor who represents such minor in any judicial or administrative proceeding, if the court or administrative hearing officer has entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad litem presents evidence to the health care entity of such order;

15. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's health records in accord with § 9.1-156;

16. To an agent appointed under an individual's power of attorney or to an agent or decision maker designated in an individual's advance directive for health care or for decisions on anatomical gifts and organ, tissue or eye donation or to any other person consistent with the provisions of the Health Care Decisions Act (§ 54.1-2981 et seq.);

17. To third-party payors and their agents for purposes of reimbursement;

18. As is necessary to support an application for receipt of health care benefits from a governmental agency or as required by an authorized governmental agency reviewing such application or reviewing benefits already provided or as necessary to the coordination of prevention and control of disease, injury, or disability and delivery of such health care benefits pursuant to § 32.1-127.1:04;

19. Upon the sale of a medical practice as provided in § 54.1-2405; or upon a change of ownership or closing of a pharmacy pursuant to regulations of the Board of Pharmacy;

20. In accord with subsection B of § 54.1-2400.1, to communicate an individual's specific and immediate threat to cause serious bodily injury or death of an identified or readily identifiable person;

21. Where necessary in connection with the implementation of a hospital's routine contact process for organ donation pursuant to subdivision B 4 of § 32.1-127;

22. In the case of substance abuse records, when permitted by and in conformity with requirements of federal law found in 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2;

23. In connection with the work of any entity established as set forth in § 8.01-581.16 to evaluate the adequacy or quality of professional services or the competency and qualifications for professional staff privileges;

182 24. If the health records are those of a deceased or mentally incapacitated individual to the personal
183 representative or executor of the deceased individual or the legal guardian or committee of the
184 incompetent or incapacitated individual or if there is no personal representative, executor, legal guardian
185 or committee appointed, to the following persons in the following order of priority: a spouse, an adult
186 son or daughter, either parent, an adult brother or sister, or any other relative of the deceased individual
187 in order of blood relationship;

188 25. For the purpose of conducting record reviews of inpatient hospital deaths to promote
189 identification of all potential organ, eye, and tissue donors in conformance with the requirements of
190 applicable federal law and regulations, including 42 C.F.R. § 482.45, (i) to the health care provider's
191 designated organ procurement organization certified by the United States Health Care Financing
192 Administration and (ii) to any eye bank or tissue bank in Virginia certified by the Eye Bank Association
193 of America or the American Association of Tissue Banks;

194 26. To the Office of the State Inspector General pursuant to Chapter 3.2 (§ 2.2-307 et seq.) of Title
195 2.2;

196 27. To an entity participating in the activities of a local health partnership authority established
197 pursuant to Article 6.1 (§ 32.1-122.10:001 et seq.) of Chapter 4, pursuant to subdivision 1;

198 28. To law-enforcement officials by each licensed emergency medical services agency, (i) when the
199 individual is the victim of a crime or (ii) when the individual has been arrested and has received
200 emergency medical services or has refused emergency medical services and the health records consist of
201 the prehospital patient care report required by § 32.1-116.1;

202 29. To law-enforcement officials, in response to their request, for the purpose of identifying or
203 locating a suspect, fugitive, person required to register pursuant to § 9.1-901 of the Sex Offender and
204 Crimes Against Minors Registry Act, material witness, or missing person, provided that only the
205 following information may be disclosed: (i) name and address of the person, (ii) date and place of birth
206 of the person, (iii) social security number of the person, (iv) blood type of the person, (v) date and time
207 of treatment received by the person, (vi) date and time of death of the person, where applicable, (vii)
208 description of distinguishing physical characteristics of the person, and (viii) type of injury sustained by
209 the person;

210 30. To law-enforcement officials regarding the death of an individual for the purpose of alerting law
211 enforcement of the death if the health care entity has a suspicion that such death may have resulted
212 from criminal conduct;

213 31. To law-enforcement officials if the health care entity believes in good faith that the information
214 disclosed constitutes evidence of a crime that occurred on its premises;

215 32. To the State Health Commissioner pursuant to § 32.1-48.015 when such records are those of a
216 person or persons who are subject to an order of quarantine or an order of isolation pursuant to Article
217 3.02 (§ 32.1-48.05 et seq.) of Chapter 2;

218 33. To the Commissioner of the Department of Labor and Industry or his designee by each licensed
219 emergency medical services agency when the records consist of the prehospital patient care report
220 required by § 32.1-116.1 and the patient has suffered an injury or death on a work site while
221 performing duties or tasks that are within the scope of his employment;

222 34. To notify a family member or personal representative of an individual who is the subject of a
223 proceeding pursuant to Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8
224 (§ 37.2-800 et seq.) of Title 37.2 of information that is directly relevant to such person's involvement
225 with the individual's health care, which may include the individual's location and general condition,
226 when the individual has the capacity to make health care decisions and (i) the individual has agreed to
227 the notification, (ii) the individual has been provided an opportunity to object to the notification and
228 does not express an objection, or (iii) the health care provider can, on the basis of his professional
229 judgment, reasonably infer from the circumstances that the individual does not object to the notification.
230 If the opportunity to agree or object to the notification cannot practicably be provided because of the
231 individual's incapacity or an emergency circumstance, the health care provider may notify a family
232 member or personal representative of the individual of information that is directly relevant to such
233 person's involvement with the individual's health care, which may include the individual's location and
234 general condition if the health care provider, in the exercise of his professional judgment, determines
235 that the notification is in the best interests of the individual. Such notification shall not be made if the
236 provider has actual knowledge the family member or personal representative is currently prohibited by
237 court order from contacting the individual;

238 35. To a threat assessment team established by a local school board pursuant to § 22.1-79.4, by a
239 public institution of higher education pursuant to § 23.1-805, or by a private nonprofit institution of
240 higher education; and

241 36. To a regional emergency medical services council pursuant to § 32.1-116.1, for purposes limited
242 to monitoring and improving the quality of emergency medical services pursuant to § 32.1-111.3.

243 Notwithstanding the provisions of subdivisions 1 through 35, a health care entity shall obtain an

individual's written authorization for any disclosure of psychotherapy notes, except when disclosure by the health care entity is (i) for its own training programs in which students, trainees, or practitioners in mental health are being taught under supervision to practice or to improve their skills in group, joint, family, or individual counseling; (ii) to defend itself or its employees or staff against any accusation of wrongful conduct; (iii) in the discharge of the duty, in accordance with subsection B of § 54.1-2400.1, to take precautions to protect third parties from violent behavior or other serious harm; (iv) required in the course of an investigation, audit, review, or proceeding regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; or (v) otherwise required by law.

E. Health care records required to be disclosed pursuant to this section shall be made available electronically only to the extent and in the manner authorized by the federal Health Information Technology for Economic and Clinical Health Act (P.L. 111-5) and implementing regulations and the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.) and implementing regulations. Notwithstanding any other provision to the contrary, a health care entity shall not be required to provide records in an electronic format requested if (i) the electronic format is not reasonably available without additional cost to the health care entity, (ii) the records would be subject to modification in the format requested, or (iii) the health care entity determines that the integrity of the records could be compromised in the electronic format requested. Requests for copies of or electronic access to health records shall (a) be in writing, dated and signed by the requester; (b) identify the nature of the information requested; and (c) include evidence of the authority of the requester to receive such copies or access such records, and identification of the person to whom the information is to be disclosed; and (d) specify whether the requester would like the records in electronic format, if available, or in paper format. The health care entity shall accept a photocopy, facsimile, or other copy of the original signed by the requester as if it were an original. Within 30 days of receipt of a request for copies of or electronic access to health records, the health care entity shall do one of the following: (1) furnish such copies of or allow electronic access to the requested health records to any requester authorized to receive them in electronic format if so requested; (2) inform the requester if the information does not exist or cannot be found; (3) if the health care entity does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the health care entity who maintains the record; or (4) deny the request (A) under subsection F, (B) on the grounds that the requester has not established his authority to receive such health records or proof of his identity, or (C) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for health records not specifically governed by other provisions of state law.

F. Except as provided in subsection B of § 8.01-413, copies of or electronic access to an individual's health records shall not be furnished to such individual or anyone authorized to act on the individual's behalf when the individual's treating physician, clinical psychologist, or clinical social worker has made a part of the individual's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the individual of such health records would be reasonably likely to endanger the life or physical safety of the individual or another person, or that such health record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to such referenced person. If any health care entity denies a request for copies of or electronic access to health records based on such statement, the health care entity shall inform the individual of the individual's right to designate, in writing, at his own expense, another reviewing physician, clinical psychologist, or clinical social worker whose licensure, training and experience relative to the individual's condition are at least equivalent to that of the physician, clinical psychologist, or clinical social worker upon whose opinion the denial is based. The designated reviewing physician, clinical psychologist, or clinical social worker shall make a judgment as to whether to make the health record available to the individual.

The health care entity denying the request shall also inform the individual of the individual's right to request in writing that such health care entity designate, at its own expense, a physician, clinical psychologist, or clinical social worker, whose licensure, training, and experience relative to the individual's condition are at least equivalent to that of the physician, clinical psychologist, or clinical social worker upon whose professional judgment the denial is based and who did not participate in the original decision to deny the health records, who shall make a judgment as to whether to make the health record available to the individual. The health care entity shall comply with the judgment of the reviewing physician, clinical psychologist, or clinical social worker. The health care entity shall permit copying and examination of the health record by such other physician, clinical psychologist, or clinical social worker designated by either the individual at his own expense or by the health care entity at its expense.

Any health record copied for review by any such designated physician, clinical psychologist, or clinical social worker shall be accompanied by a statement from the custodian of the health record that

the individual's treating physician, clinical psychologist, or clinical social worker determined that the individual's review of his health record would be reasonably likely to endanger the life or physical safety of the individual or would be reasonably likely to cause substantial harm to a person referenced in the health record who is not a health care provider.

Further, nothing herein shall be construed as giving, or interpreted to bestow the right to receive copies of, or otherwise obtain access to, psychotherapy notes to any individual or any person authorized to act on his behalf.

G. A written authorization to allow release of an individual's health records shall substantially include the following information:

AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH RECORDS

Individual's Name _____

Health Care Entity's Name _____

Person, Agency, or Health Care Entity to whom disclosure is to be made _____

Information or Health Records to be disclosed _____

Purpose of Disclosure or at the Request of the Individual _____

As the person signing this authorization, I understand that I am giving my permission to the

above-named health care entity for disclosure of confidential health records. I understand that the health care entity may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This authorization expires on (date) or (event) _____

Signature of Individual or Individual's Legal Representative if Individual is Unable to Sign _____

Relationship or Authority of Legal Representative _____

Date of Signature _____

H. Pursuant to this subsection:

1. Unless excepted from these provisions in subdivision 9, no party to a civil, criminal or

administrative action or proceeding shall request the issuance of a subpoena duces tecum for another party's health records or cause a subpoena duces tecum to be issued by an attorney unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the other party's counsel or to the other party if pro se, simultaneously with filing the request or issuance of the subpoena. No party to an action or proceeding shall request or cause the issuance of a subpoena duces tecum for the health records of a nonparty witness unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the nonparty witness simultaneously with filing the request or issuance of the attorney-issued subpoena.

No subpoena duces tecum for health records shall set a return date earlier than 15 days from the date of the subpoena except by order of a court or administrative agency for good cause shown. When a court or administrative agency directs that health records be disclosed pursuant to a subpoena duces tecum earlier than 15 days from the date of the subpoena, a copy of the order shall accompany the subpoena.

Any party requesting a subpoena duces tecum for health records or on whose behalf the subpoena duces tecum is being issued shall have the duty to determine whether the individual whose health records are being sought is pro se or a nonparty.

In instances where health records being subpoenaed are those of a pro se party or nonparty witness, the party requesting or issuing the subpoena shall deliver to the pro se party or nonparty witness together with the copy of the request for subpoena, or a copy of the subpoena in the case of an attorney-issued subpoena, a statement informing them of their rights and remedies. The statement shall include the following language and the heading shall be in boldface capital letters:

NOTICE TO INDIVIDUAL

The attached document means that (insert name of party requesting or causing issuance of the subpoena) has either asked the court or administrative agency to issue a subpoena or a subpoena has

been issued by the other party's attorney to your doctor, other health care providers (names of health care providers inserted here) or other health care entity (name of health care entity to be inserted here) requiring them to produce your health records. Your doctor, other health care provider or other health care entity is required to respond by providing a copy of your health records. If you believe your health records should not be disclosed and object to their disclosure, you have the right to file a motion with the clerk of the court or the administrative agency to quash the subpoena. If you elect to file a motion to quash, such motion must be filed within 15 days of the date of the request or of the attorney-issued subpoena. You may contact the clerk's office or the administrative agency to determine the requirements that must be satisfied when filing a motion to quash and you may elect to contact an attorney to represent your interest. If you elect to file a motion to quash, you must notify your doctor, other health care provider(s), or other health care entity, that you are filing the motion so that the health care provider or health care entity knows to send the health records to the clerk of court or administrative agency in a sealed envelope or package for safekeeping while your motion is decided.

2. Any party filing a request for a subpoena duces tecum or causing such a subpoena to be issued for an individual's health records shall include a Notice in the same part of the request in which the recipient of the subpoena duces tecum is directed where and when to return the health records. Such notice shall be in boldface capital letters and shall include the following language:

NOTICE TO HEALTH CARE ENTITIES

A COPY OF THIS SUBPOENA DUCES TECUM HAS BEEN PROVIDED TO THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED OR HIS COUNSEL. YOU OR THAT INDIVIDUAL HAS THE RIGHT TO FILE A MOTION TO QUASH (OBJECT TO) THE ATTACHED SUBPOENA. IF YOU ELECT TO FILE A MOTION TO QUASH, YOU MUST FILE THE MOTION WITHIN 15 DAYS OF THE DATE OF THIS SUBPOENA.

YOU MUST NOT RESPOND TO THIS SUBPOENA UNTIL YOU HAVE RECEIVED WRITTEN CERTIFICATION FROM THE PARTY ON WHOSE BEHALF THE SUBPOENA WAS ISSUED THAT THE TIME FOR FILING A MOTION TO QUASH HAS ELAPSED AND THAT:

NO MOTION TO QUASH WAS FILED; OR

ANY MOTION TO QUASH HAS BEEN RESOLVED BY THE COURT OR THE ADMINISTRATIVE AGENCY AND THE DISCLOSURES SOUGHT ARE CONSISTENT WITH SUCH RESOLUTION.

IF YOU RECEIVE NOTICE THAT THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED HAS FILED A MOTION TO QUASH THIS SUBPOENA, OR IF YOU FILE A MOTION TO QUASH THIS SUBPOENA, YOU MUST SEND THE HEALTH RECORDS ONLY TO THE CLERK OF THE COURT OR ADMINISTRATIVE AGENCY THAT ISSUED THE SUBPOENA OR IN WHICH THE ACTION IS PENDING AS SHOWN ON THE SUBPOENA USING THE FOLLOWING PROCEDURE:

PLACE THE HEALTH RECORDS IN A SEALED ENVELOPE AND ATTACH TO THE SEALED ENVELOPE A COVER LETTER TO THE CLERK OF COURT OR ADMINISTRATIVE AGENCY WHICH STATES THAT CONFIDENTIAL HEALTH RECORDS ARE ENCLOSED AND ARE TO BE HELD UNDER SEAL PENDING A RULING ON THE MOTION TO QUASH THE SUBPOENA. THE SEALED ENVELOPE AND THE COVER LETTER SHALL BE PLACED IN AN OUTER ENVELOPE OR PACKAGE FOR TRANSMITTAL TO THE COURT OR ADMINISTRATIVE AGENCY.

3. Upon receiving a valid subpoena duces tecum for health records, health care entities shall have the duty to respond to the subpoena in accordance with the provisions of subdivisions 4, 5, 6, 7, and 8.

4. Except to deliver to a clerk of the court or administrative agency subpoenaed health records in a sealed envelope as set forth, health care entities shall not respond to a subpoena duces tecum for such health records until they have received a certification as set forth in subdivision 5 or 8 from the party on whose behalf the subpoena duces tecum was issued.

If the health care entity has actual receipt of notice that a motion to quash the subpoena has been filed or if the health care entity files a motion to quash the subpoena for health records, then the health care entity shall produce the health records, in a securely sealed envelope, to the clerk of the court or administrative agency issuing the subpoena or in whose court or administrative agency the action is pending. The court or administrative agency shall place the health records under seal until a determination is made regarding the motion to quash. The securely sealed envelope shall only be opened on order of the judge or administrative agency. In the event the court or administrative agency grants the motion to quash, the health records shall be returned to the health care entity in the same sealed envelope in which they were delivered to the court or administrative agency. In the event that a judge or administrative agency orders the sealed envelope to be opened to review the health records in camera, a copy of the order shall accompany any health records returned to the health care entity. The health records returned to the health care entity shall be in a securely sealed envelope.

428 5. If no motion to quash is filed within 15 days of the date of the request or of the attorney-issued
429 subpoena, the party on whose behalf the subpoena was issued shall have the duty to certify to the
430 subpoenaed health care entity that the time for filing a motion to quash has elapsed and that no motion
431 to quash was filed. Any health care entity receiving such certification shall have the duty to comply
432 with the subpoena duces tecum by returning the specified health records by either the return date on the
433 subpoena or five days after receipt of the certification, whichever is later.

434 6. In the event that the individual whose health records are being sought files a motion to quash the
435 subpoena, the court or administrative agency shall decide whether good cause has been shown by the
436 discovering party to compel disclosure of the individual's health records over the individual's objections.
437 In determining whether good cause has been shown, the court or administrative agency shall consider (i)
438 the particular purpose for which the information was collected; (ii) the degree to which the disclosure of
439 the records would embarrass, injure, or invade the privacy of the individual; (iii) the effect of the
440 disclosure on the individual's future health care; (iv) the importance of the information to the lawsuit or
441 proceeding; and (v) any other relevant factor.

442 7. Concurrent with the court or administrative agency's resolution of a motion to quash, if
443 subpoenaed health records have been submitted by a health care entity to the court or administrative
444 agency in a sealed envelope, the court or administrative agency shall: (i) upon determining that no
445 submitted health records should be disclosed, return all submitted health records to the health care entity
446 in a sealed envelope; (ii) upon determining that all submitted health records should be disclosed, provide
447 all the submitted health records to the party on whose behalf the subpoena was issued; or (iii) upon
448 determining that only a portion of the submitted health records should be disclosed, provide such portion
449 to the party on whose behalf the subpoena was issued and return the remaining health records to the
450 health care entity in a sealed envelope.

451 8. Following the court or administrative agency's resolution of a motion to quash, the party on whose
452 behalf the subpoena duces tecum was issued shall have the duty to certify in writing to the subpoenaed
453 health care entity a statement of one of the following:

454 a. All filed motions to quash have been resolved by the court or administrative agency and the
455 disclosures sought in the subpoena duces tecum are consistent with such resolution; and, therefore, the
456 health records previously delivered in a sealed envelope to the clerk of the court or administrative
457 agency will not be returned to the health care entity;

458 b. All filed motions to quash have been resolved by the court or administrative agency and the
459 disclosures sought in the subpoena duces tecum are consistent with such resolution and that, since no
460 health records have previously been delivered to the court or administrative agency by the health care
461 entity, the health care entity shall comply with the subpoena duces tecum by returning the health records
462 designated in the subpoena by the return date on the subpoena or five days after receipt of certification,
463 whichever is later;

464 c. All filed motions to quash have been resolved by the court or administrative agency and the
465 disclosures sought in the subpoena duces tecum are not consistent with such resolution; therefore, no
466 health records shall be disclosed and all health records previously delivered in a sealed envelope to the
467 clerk of the court or administrative agency will be returned to the health care entity;

468 d. All filed motions to quash have been resolved by the court or administrative agency and the
469 disclosures sought in the subpoena duces tecum are not consistent with such resolution and that only
470 limited disclosure has been authorized. The certification shall state that only the portion of the health
471 records as set forth in the certification, consistent with the court or administrative agency's ruling, shall
472 be disclosed. The certification shall also state that health records that were previously delivered to the
473 court or administrative agency for which disclosure has been authorized will not be returned to the
474 health care entity; however, all health records for which disclosure has not been authorized will be
475 returned to the health care entity; or

476 e. All filed motions to quash have been resolved by the court or administrative agency and the
477 disclosures sought in the subpoena duces tecum are not consistent with such resolution and, since no
478 health records have previously been delivered to the court or administrative agency by the health care
479 entity, the health care entity shall return only those health records specified in the certification,
480 consistent with the court or administrative agency's ruling, by the return date on the subpoena or five
481 days after receipt of the certification, whichever is later.

482 A copy of the court or administrative agency's ruling shall accompany any certification made
483 pursuant to this subdivision.

484 9. The provisions of this subsection have no application to subpoenas for health records requested
485 under § 8.01-413, or issued by a duly authorized administrative agency conducting an investigation,
486 audit, review or proceedings regarding a health care entity's conduct.

487 The provisions of this subsection shall apply to subpoenas for the health records of both minors and
488 adults.

489 Nothing in this subsection shall have any effect on the existing authority of a court or administrative

agency to issue a protective order regarding health records, including, but not limited to, ordering the return of health records to a health care entity, after the period for filing a motion to quash has passed.

A subpoena for substance abuse records must conform to the requirements of federal law found in 42 C.F.R. Part 2, Subpart E.

I. Health care entities may testify about the health records of an individual in compliance with §§ 8.01-399 and 8.01-400.2.

J. If an individual requests a copy of his health record from a health care entity, the health care entity may impose a reasonable cost-based fee, which shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual. For the purposes of this section, "individual" shall subsume a person with authority to act on behalf of the individual who is the subject of the health record in making decisions related to his health care.

K. Nothing in this section shall prohibit a health care provider who prescribes or dispenses a controlled substance required to be reported to the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 to a patient from disclosing information obtained from the Prescription Monitoring Program and contained in a patient's health care record to another health care provider when such disclosure is related to the care or treatment of the patient who is the subject of the record.

L. An authorization for the release of health records executed pursuant to this section shall remain in effect until such time as it is revoked in writing to the person in possession of the health record subject to the authorization by the person who executed the authorization and shall include authorization for the release of all health records of the person created by the health care entity to whom permission to release health records was granted from the date on which the authorization was executed. Revocation of an authorization for the release of health records in accordance with this subsection shall be included in the person's original health record.

An authorization for the release of health records executed pursuant to this section shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record.

§ 54.1-2404.1. Health care providers; release of records; actions for which an authorization is not required.

A. Every health care provider shall make health records, as defined in § 32.1-127.1:03, of a patient available to any person designated by a patient in an authorization to release medical records pursuant to § 32.1-127.1:03.

B. Every health care provider shall allow a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records pursuant to § 32.1-127.1:03; however, such health care provider shall not release protected health information to the person making the appointment for medical services on behalf of the another person unless such person has executed an authorization to release medical records pursuant to § 32.1-127.1:03.

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.

A. Whenever any minor who has been separated from the custody of his parent or guardian is in need of surgical or medical treatment, authority commensurate with that of a parent in like cases is conferred, for the purpose of giving consent to such surgical or medical treatment, as follows:

1. Upon judges with respect to minors whose custody is within the control of their respective courts.
2. Upon local directors of social services or their designees with respect to (i) minors who are committed to the care and custody of the local board by courts of competent jurisdiction, (ii) minors who are taken into custody pursuant to § 63.2-1517, and (iii) minors who are entrusted to the local board by the parent, parents or guardian, when the consent of the parent or guardian cannot be obtained immediately and, in the absence of such consent, a court order for such treatment cannot be obtained immediately.

3. Upon the Director of the Department of Corrections or the Director of the Department of Juvenile Justice or his designees with respect to any minor who is sentenced or committed to his custody.

4. Upon the principal executive officers of state institutions with respect to the wards of such institutions.

5. Upon the principal executive officer of any other institution or agency legally qualified to receive minors for care and maintenance separated from their parents or guardians, with respect to any minor whose custody is within the control of such institution or agency.

6. Upon any person standing in loco parentis, or upon a conservator or custodian for his ward or

551 other charge under disability.

552 B. Whenever the consent of the parent or guardian of any minor who is in need of surgical or
553 medical treatment is unobtainable because such parent or guardian is not a resident of the
554 Commonwealth or his whereabouts is unknown or he cannot be consulted with promptness reasonable
555 under the circumstances, authority commensurate with that of a parent in like cases is conferred, for the
556 purpose of giving consent to such surgical or medical treatment, upon judges of juvenile and domestic
557 relations district courts.

558 C. Whenever delay in providing medical or surgical treatment to a minor may adversely affect such
559 minor's recovery and no person authorized in this section to consent to such treatment for such minor is
560 available within a reasonable time under the circumstances, no liability shall be imposed upon qualified
561 emergency medical services personnel as defined in § 32.1-111.1 at the scene of an accident, fire or
562 other emergency, a licensed health professional, or a licensed hospital by reason of lack of consent to
563 such medical or surgical treatment. However, in the case of a minor 14 years of age or older who is
564 physically capable of giving consent, such consent shall be obtained first.

565 D. Whenever delay in providing transportation to a minor from the scene of an accident, fire or other
566 emergency prior to hospital admission may adversely affect such minor's recovery and no person
567 authorized in this section to consent to such transportation for such minor is available within a
568 reasonable time under the circumstances, no liability shall be imposed upon emergency medical services
569 personnel as defined in § 32.1-111.1, by reason of lack of consent to such transportation. However, in
570 the case of a minor 14 years of age or older who is physically capable of giving consent, such consent
571 shall be obtained first.

572 E. A minor shall be deemed an adult for the purpose of consenting to:

573 1. Medical or health services needed to determine the presence of or to treat venereal disease or any
574 infectious or contagious disease that the State Board of Health requires to be reported;

575 2. Medical or health services required in case of birth control, pregnancy or family planning except
576 for the purposes of sexual sterilization; *or*

577 3. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for
578 substance abuse as defined in § 37.2-100; ~~or~~

579 4. ~~Medical or health services needed in the case of outpatient care, treatment or rehabilitation for~~
580 ~~mental illness or emotional disturbance.~~

581 A minor shall also be deemed an adult for the purpose of accessing or authorizing the disclosure of
582 medical records related to subdivisions 1 ~~through 4~~, 2, and 3.

583 F. Except for the purposes of sexual sterilization, any minor who is or has been married shall be
584 deemed an adult for the purpose of giving consent to surgical and medical treatment.

585 G. A pregnant minor shall be deemed an adult for the sole purpose of giving consent for herself and
586 her child to surgical and medical treatment relating to the delivery of her child when such surgical or
587 medical treatment is provided during the delivery of the child or the duration of the hospital admission
588 for such delivery; thereafter, the minor mother of such child shall also be deemed an adult for the
589 purpose of giving consent to surgical and medical treatment for her child.

590 H. Any minor 16 years of age or older may, with the consent of a parent or legal guardian, consent
591 to donate blood and may donate blood if such minor meets donor eligibility requirements. However,
592 parental consent to donate blood by any minor 17 years of age shall not be required if such minor
593 receives no consideration for his blood donation and the procurer of the blood is a nonprofit, voluntary
594 organization.

595 I. Any judge, local director of social services, Director of the Department of Corrections, Director of
596 the Department of Juvenile Justice, or principal executive officer of any state or other institution or
597 agency who consents to surgical or medical treatment of a minor in accordance with this section shall
598 make a reasonable effort to notify the minor's parent or guardian of such action as soon as practicable.

599 J. Nothing in subsection G shall be construed to permit a minor to consent to an abortion without
600 complying with § 16.1-241.

601 K. Nothing in subsection E shall prevent a parent, legal guardian or person standing in loco parentis
602 from obtaining (i) the results of a minor's nondiagnostic drug test when the minor is not receiving care,
603 treatment or rehabilitation for substance abuse as defined in § 37.2-100 or (ii) a minor's other health
604 records, except when the minor's treating physician, clinical psychologist, or clinical social worker has
605 determined, in the exercise of his professional judgment, that the disclosure of health records to the
606 parent, legal guardian, or person standing in loco parentis would be reasonably likely to cause
607 substantial harm to the minor or another person pursuant to subsection B of § 20-124.6.